



conEdison

conEd.com

Equipment information (if applicable):

Please check the box next to the type of equipment used.

- ☐ Tank-type respirator (iron lung)
- ☐ Cuirass-type (chest) respirator
- ☐ Rocking-bed respirator
- ☐ Electrically operated respirator
(used 12 hours or more per day)
- ☐ Apnea monitor (infant monitor)
- ☐ Hemodialysis equipment (kidney machine)
- ☐ Other (please specify)

Frequency of use:

Times per week

Hours per day

Is equipment used during sleeping hours?

☐ Yes

☐ No

If yes, how frequently?

Medical emergency:

If you don't use life-support equipment, but have a medical emergency, check the box below.

☐ Yes

SAFETY FOR SPECIAL CUSTOMERS



LIFE-SUPPORT EQUIPMENT & MEDICAL EMERGENCIES



30% post-consumer waste

December 2015
968-8946

If you or someone you know lives in our service area and uses life-support equipment or has a medical emergency, we need to know...

It is important that we have a record of everyone who uses electrically operated life-support equipment or has a medical emergency so we can contact them in an emergency.

We offer this service to everyone who depends on the electricity Con Edison delivers to operate life-support equipment or for whom a disruption in service would create a medical emergency. This includes people who do not receive a bill from us because electric service is included in their rent.

Please complete the survey and mail it to:

Con Edison

30 Flatbush Avenue, Room 515
Brooklyn, NY 11217

You can also let us know by calling 1-800-75-CONED (1-800-752-6633). Con Edison customers can enroll for this service by visiting **conEd.com**, clicking on Customer Central, and then the “special services” link. You will need your account number. To keep our records current, each year we send a letter asking you to recertify.

Users of life-support equipment should have an alternate source of electric power, such as a battery back-up system. If you use a generator, be sure to follow the manufacturer’s instructions and local building codes, and that it’s in a well ventilated area. It is also a good idea to have a variety of telephone options (land-line, cordless, cellular) available.

Life-Support Equipment/Medical Emergency Survey

(Please print clearly or type)

Name

Address

City State Zip

Phone number

Con Edison account number (if applicable):

Type of residence:

☐ Private house ☐ Apartment

Superintendent’s apartment number

Superintendent’s phone number

If you rent, is the electric service payment included in the rent?

☐ Yes ☐ No

Doctor or hospital:

Name

Address

City State Zip

Phone number

Customers who require life-support equipment or who have a medical hardship may also find our Third-Party Notification Program and our Concern Program helpful. For more information, call us at 1-800-75-CONED (1-800-752-6633), or visit **conEd.com**.

